

PATENT

Attorney's Docket No. RA 5487

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- original
- design
- supplemental
- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROGRAMMABLE SYSTEM AND METHOD FOR ACCESSING A SHARED MEMORY

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto.
- (b) was filed on _____ as Serial No. o / _____
or Express Mail No., as Serial No. not yet known _____

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

- which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	<u>Title</u>	<u>Registration Number</u>
Charles A. Johnson	Attorney at Law	20,852
Beth L. McMahon	Attorney at Law	41,987
Mark T. Starr	Attorney at Law	28,762

SEND CORRESPONDENCE TO

Unisys Corporation
Beth L. McMahon
P O Box 64942
MS 4773
St. Paul, MN 55164

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

(651) 635-7893

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor _____ Kelvin S. Varti

<u>Kelvin</u> (GIVEN NAME)	<u>S</u> (MIDDLE INITIAL OR NAME)	<u>Varti</u> FAMILY (OR LAST NAME)
-------------------------------	--------------------------------------	---------------------------------------

Inventor's signature Keli S. Varti

Date 7-16-03 Country of Citizenship USA

Residence 11893 Imperial Avenue North, Hugo, MN 55038

Post Office Address 11893 Imperial Avenue North, Hugo, MN 55038

Full name of second inventor Ross M. Weber

Ross (GIVEN NAME) M (MIDDLE INITIAL OR NAME) Weber (FAMILY (OR LAST NAME))

Inventor's signature Ross M. Weber

Date 7/16/03 Country of Citizenship USA

Residence 1473 119th Lane NW, Coon Rapids, MN 55448

Post Office Address 1473 119th Lane NW, Coon Rapids, MN 55448

Full name of third inventor Mitchell A. Bauman

Mitchell (GIVEN NAME) A (MIDDLE INITIAL OR NAME) Bauman (FAMILY (OR LAST NAME))

Inventor's signature Mitchell A. Bauman

Date 7/10/03 Country of Citizenship USA

Residence 48 Indian Hills Drive, Circle Pines, MN 55014

Post Office Address 48 Indian Hills Drive, Circle Pines, MN 55014